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Bib Data Sheet

SERIAL NUMBER 10/718,248	FILING OR 371(c) DATE 11/20/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 31685-704.502
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/008,576 11/11/2001 PAT 6,819,956 which is a CIP of 09/340,326 06/25/1999 PAT 6,366,813 and claims benefit of 60/095,413 08/05/1998

This application 10/718,248 claims benefit of 60/427,699 11/20/2002 and claims benefit of 60/436,792 12/27/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 06/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	38	194	14
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

21971

TITLE

APPARATUS AND METHOD FOR CLOSED-LOOP INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF NEUROLOGICAL DISEASE

FILING FEE RECEIVED 2489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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